

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Tuesday, March 06, 2012 2:14 PM
To: jl_eady_98@yahoo.com
Cc: David Rothstein
Subject: meeting

Dr. Eady,

Mr. Rothstein gave me your contact information. As you know Dr. Koon and the USC faculty are, and have been for some time now, trying to remove me from the residency program. I know that this has unfortunately happened before, and I am trying to get some perspective.

Obviously my goal of becoming an orthopaedic surgeon has taken a very hard fall with these recent developments.

If you have some time to chat I would really appreciate your insight and guidance. I am available anytime this Wednesday and Thursday and anytime next week from Tuesday on.

I know you are very busy and really appreciate your help and kind understanding. Please let me know if you have some time -- it would mean a lot to me.

Thank you,
Afraaz

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Wednesday, March 07, 2012 1:53 PM
To: jl_eady_98@yahoo.com
Cc: David Rothstein
Subject: RE: meeting

Dr. Eady,

Thank you so much for your kind and thoughtful reply. I was really encouraged to hear about your background and experience in education. Indeed when this all first started I was surprised when Dr. Koon placed me on remediation. I asked him to help me understand the complaints against me as some of them were new to me. He did not expound on the issues when I asked, and only said "that just shows you lack insight." From there I obviously didn't get much guidance, but tried to bear down and do what they wanted. Subsequently, when he suspended me they also went the extra step and ordered a psych eval. I asked what the reason was numerous times in both writing and person, but could not get an answer -- only to "help structure remediation." The psych eval of course showed nothing wrong. Needless to say the whole process has left me feeling cast out, without guidance, and with the feeling that they were more intent on profiling me, than helping me understand how I could improve. I appreciate your insight into this given your many years of experience in education.

I would greatly appreciate the opportunity to meet with you next week. Either Tuesday or Wednesday work fine for me. We can plan for next Tuesday if that is OK with you. What time works best for you? Do you want me to meet you at your office?

Thanks again for your help.

Afraaz

Date: Tue, 6 Mar 2012 11:51:38 -0800

From: jl_eady_98@yahoo.com
 Subject: Re: meeting
 To: afraaz.irani@hotmail.com
 CC: derothstein@mindspring.com

Afraaz,

First, I am so sorry about what is happening to you. I have educated residents for over 30 years without the recurring issues Doctor Koon and the other members of the USC/SOM/PH Orthopaedic Department have with providing the proper mentoring for the people they selected to educate. While I have placed residents on probation during that tenure, I was always able to get the resident to correct and improve what most frequently turned out to be a misdirected communication skill, and preserve their goal of becoming an Orthopaedist. As a mentor in Communications Skills for the AAOS, I can unequivocably state that this is what was most frequently found in two studies done by the Academy ten years apart. It was more of a high tech-low touch skill that needed improvement than a character and behavior disorder, and after the AAOS began a program of teaching this skill at the national level patient satisfaction scores improved across the nation for all Orthopaedists at any level in their career. While I don't know the details of what happened to you, I can say that from what I have heard you were treated shamefully on an almost daily basis, and it is no surprise to me that you experienced difficulties with communication skills in several settings. That is a correctable issue, if enough time and energy is devoted to it.

Secondly, I don't know how I can help you since I never got to supervise your performance except while you were at the VA on the General Surgery rotation and from your performance while doing your rotations on Orthopaedic night and weekend call at the VA. However, I am very willing to do what I can. I have heard through the grapevine, mostly tended by the Orthopaedic residents, that you were terminated from the program recently. If that is correct, it will be hard if not impossible for you to get into another program in the country because of the stigma, real or unjust, attached to such an event. Therefore, I must leave it up to you to develop a clear plan for how you want to proceed from this point. That will take sage advice from several sources. Again, I will help any way I can. If you want to do this by telephone, my cell is 467-4502. If you wish to do this in person, I can do it next Tuesday after 3 PM or Wednesday after 3 PM. Let me know your preference. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: jl_eady_98@yahoo.com
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Tuesday, March 6, 2012 2:13 PM
Subject: meeting

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From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Wednesday, March 07, 2012 6:04 PM
To: jl_eady_98@yahoo.com
Cc: David Rothstein
Subject: RE: meeting

Dr. Eady,

Thank you very much for your time. I look forward to chatting with you next Tuesday.

Thank you,
Afraaz

Date: Wed, 7 Mar 2012 12:54:11 -0800

From: jl_eady_98@yahoo.com
Subject: Re: meeting
To: afraaz.irani@hotmail.com
CC: DERothstein@mindspring.com

Afraaz,

If agreeable with you, let's do this in my office at the VA next Tuesday around 3 PM, give or take a few minutes. While there are two sides to every story, I am most willing to hear yours and offer any helpful advice I can. I will look forward to seeing you then. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: jl_eady_98@yahoo.com
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Wednesday, March 7, 2012 1:53 PM
Subject: RE: meeting

Dr. Eady,

Thank you so much for your kind and thoughtful reply. I was really encouraged to hear about your background and experience in education. Indeed when this all first started I was surprised when Dr. Koon placed me on remediation. I asked him to help me understand the complaints against me as some of them were new to me. He did not expound on the issues when I asked, and only said "that just shows you lack insight." From there I obviously didn't get much guidance, but tried to bear down and do what they wanted. Subsequently, when he suspended me they also went the extra step and ordered a psych eval. I asked what the reason was numerous times in both writing and person, but could not get an answer -- only to "help structure remediation." The psych eval of course showed nothing wrong. Needless to say the whole process has left me feeling cast out, without guidance, and with the feeling that they were more intent on profiling me, than helping me understand how I could improve. I appreciate your insight into this given your many years of experience in education.

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Thanks again for your help.
Afraaz

Date: Tue, 6 Mar 2012 11:51:38 -0800
From: jl_eady_98@yahoo.com

Irani003930

Subject: Re: meeting
 To: afraaz.irani@hotmail.com
 CC: derothstein@mindspring.com

Afraaz,

First, I am so sorry about what is happening to you. I have educated residents for over 30 years without the recurring issues Doctor Koon and the other members of the USC/SOM/PH Orthopaedic Department have with providing the proper mentoring for the people they selected to educate. While I have placed residents on probation during that tenure, I was always able to get the resident to correct and improve what most frequently turned out to be a misdirected communication skill, and preserve their goal of becoming an Orthopaedist. As a mentor in Communications Skills for the AAOS, I can unequivocably state that this is what was most frequently found in two studies done by the Academy ten years apart. It was more of a high teck-low touch skill that needed improvement than a character and behavior disorder, and after the AAOS began a program of teaching this skill at the national level patient satisfaction scores improved across the nation for all Orthopaedists at any level in their career. While I don't know the details of what happened to you, I can say that from what I have heard you were treated shamefully on an almost daily basis, and it is no surprise to me that you experienced difficulties with communication skills in several settings. That is a correctable issue, if enough time and energy is devoted to it.

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From: Afraaz Irani <afraaz.irani@hotmail.com>
To: jl_eady_98@yahoo.com
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Tuesday, March 6, 2012 2:13 PM
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I know you are very busy and really appreciate your help and kind understanding. Please let me know if you have some time -- it would mean a lot to me.

Thank you,
 Afraaz

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Tuesday, March 27, 2012 6:55 PM
To: John Eady
Cc: David Rothstein
Subject: next steps.
Attachments: RESUME.pdf

Dr. Eady,

Thank you for all your help during this difficult time. If you have a chance to look over the document I attached on my email to Mr. Rothstein that would be great since you might have more insight into how physicians and the GMEC would react to that letter. I recognize you are very busy, so any time would be much appreciated.

My plan is to work with Mr. Rothstein, to develop a cover letter/finalize the document hopefully with your input and move forward.

We had talked about the next step being exploring other programs and the possibility of the RRC letting me add on a spot to an existing program. My goal is to submit the letter to the RRC and request an add on resident spot. In the mean time I am thinking about starting conversations with other programs.

I was wondering what your thoughts were about reaching out to those I know from medical school. Namely talking to the program director at Stanford (Dr. Ivan Cheng). They applied for expansion to six residents a couple years back, but got approved for five. I had talked to him before – at that time all he could tell me was there were no openings. I am also considering speaking with Dr. Stuart Goodman from Stanford whom I did research with as well and wrote me a letter of recommendation.

Also I noticed that Dr. Lawrence Marsh from the University of Iowa sits on the orthopaedic board for the RRC (http://www.acgme.org/acWebsite/RRC_260/260_comMemb.asp). I know Dr. Chuck Clark from the Univ. of Iowa and he also wrote me a letter of recommendation. I was considering contacting him about the RRC as well as about possibly transferring to their program?

I also have a letter of recommendation from Dr. Eric Johnson at UCLA who heads the division orthopaedic trauma as well as Dr. Ryan Goodwin, the program director at the Cleveland Clinic.

I was wondering if you know anything about these programs or the individuals above, and what your thoughts

Irani003932

are about beginning to contact them, and any advice for that.

I know you had also mentioned contacting MUSC. If you wouldn't mind seeing what the options there are, I would be tremendously grateful, as that seems like a great place to train. (I have attached my resume).

Please let me know your thoughts, and thank you so much for your time. I can meet up anytime if that is more convenient for you as well.

Thank you,

Afraaz

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Wednesday, March 28, 2012 8:19 PM
To: John Eady
Cc: David Rothstein
Subject: RE: next steps.

Dr. Eady,

Thank you for your reply. I apologize for the miscommunication. I appreciate your help and kind understanding.

My assumption was that I would turn over my complaint to the RRC to help discredit Drs. W,K etc. in parallel with fighting this at the Palmetto Health level. Or should I approach the RRC with complaints about the program only after I am reinstated? When and what order do you foresee the RRC's involvement?

If I get reinstated, then at that point will I be in technically "good standing" where I can attempt to enlist their help with getting an alternate position? My apologies -- I believe I was attempting to do everything simultaneously, instead of the appropriate order.

Again your help and support mean a lot to me during this difficult time.

Thank you,
Afraaz

Date: Wed, 28 Mar 2012 04:14:46 -0700

From: jl_eady_98@yahoo.com

Subject: Re: next steps.

To: afraaz.irani@hotmail.com

CC: DERothstein@mindspring.com

Afraaz,

I was not as clear as needed in my advice, it appears. The RRC will not allow you to transfer to another Orthopaedic residency program if you are not a resident in good standing in your present program. Mr. Rothstein will need to help you with the legal aspects of your situation as I am only a want to be lawyer. However, the reality is that you are in a life or death situation, and only by completely discrediting Drs. W,K, etc will you prevail in Orthopaedics. If you are not a resident in good standing the RRC won't get involved. If you decide to pursue legal redress (which is the only one with a chance of success in my opinion) I will help all I can in support of your goal. I have some helpful data about Dr. K's lack of supervision of residents, staff and patient mistreatment at the VA that may help. Mr. Rothstein will have to advise you if that would be helpful and admissible in court proceedings. As I said to you in our meeting, I will do whatever is ethical, possible and legally admissible to expose the perfidy of the involved individuals. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: John Eady <jl_eady_98@yahoo.com>
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Tuesday, March 27, 2012 6:54 PM
Subject: next steps.

Dr. Eady,

Irani003934

Thank you for all your help during this difficult time. If you have a chance to look over the document I attached on my email to Mr. Rothstein that would be great since you might have more insight into how physicians and the GMEC would react to that letter. I recognize you are very busy, so any time would be much appreciated.

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Thank you,
Afraaz

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Friday, March 30, 2012 12:52 PM
To: John Eady; David Rothstein
Subject: FW: Palmetto Health Richland Orthopaedic Surgery

Hello,

I spoke with Susan Mansker (312) 755-5028 (Associate Executive Director of the RRC for Orthopaedic Surgery) who referred me over to Marsha Miller (who is in charge of resident complaints). Ms. Miller essentially said that the RRC role is to affect accreditation (her complete response is below). She said I may file a formal complaint, in which case they will begin an investigation and move it in front of the RRC.

I am assuming I am correct in assuming our strategy here is to file a formal complaint soon so that the investigation can begin, and the fact that an investigation is being performed will help put pressure on GMEC, grievance council, etc?

I also spoke with Lin Hearn (lin.hearne@palmettohealth.org 803-296-7883) who is the business associate who is assigned to me. She offered to meet next week to go over how the grievance council works and help copy or prepare any documents.

She said that the earliest the grievance council can meet is April 11th (the day after GMEC meeting was conveniently the "only" day that Drs. Walsh and Koon could meet). Alternatively she said I could initiate the request for a grievance council April 11th, and delay the grievance council until much later, but right now I see no reason to do that, so we are scheduled for April 11th grievance council at this point.

I am going to request the remaining documents that Dr. Koon has not turned over namely: all the memorandums regarding review of my performance during the probation period, the nursing complaints about TF 375 that were never turned over to me, and the memorandum from Dr. Wood regarding the haemophiliac patient.

Right now the next step would be to prepare the writeup formally and submit a formal complaint is the plan. Please let me know your thoughts.

Thank you again for all your help.

Afraaz

From: mmiller@acgme.org
To: afraaz.irani@hotmail.com; adunlap@acgme.org; pderstine@acgme.org; smansker@acgme.org
Date: Fri, 30 Mar 2012 10:25:17 -0500
Subject: RE: Palmetto Health Richland Orthopaedic Surgery

Dear Dr. Irani,

I am sorry for your plight, but the ACGME does not adjudicate disputes between program directors and residents and you must avail yourself of all the resources available within the institution. The ACGME cannot get involved in the institution's due process proceedings. The ACGME's role is to make sure that they have policies and procedures for due process. Please know that the ACGME cannot help you personally and all that it can do is affect the program's accreditation for violating ACGME requirements.

After the hearing, if you have evidence that it was unfair, you can file a formal complaint at that time as you won't know whether the hearing was unfair until you've had it. Please remember that unfair is **not** that you do not like the outcome. Unfair is that they did not follow their own policies and procedures. In regard to the harassment, we can address that at the same time as the due process issue. You may want to obtain legal counsel for your hearing if it is allowed. Most often the institution allows an attorney to be present to advise the resident, but not to speak because it is not a court of law. And for the discrimination issue, you may want to contact the Equal Employment Opportunity Commission and file a complaint with them. The ACGME does not address discrimination except within the context of harassment.

If you file a formal complaint after the hearing, it must be in writing and signed. Email is fine, but we will need your signature on the email. Remember the complaint is not going to help you, but will help the residents that are there and those that follow if your allegations are true.

I am sorry that this is not the answer you were hoping for, but the ACGME has educational oversight and not administrative oversight.

Sincerely,

Marsha Miller

Associate Vice President

Office of Resident Services

From: Afraaz Irani [mailto:afraaz.irani@hotmail.com]
Sent: Friday, March 30, 2012 9:59 AM
To: Marsha Miller; Amy Dunlap; Pam Derstine; Susan Mansker
Subject: Palmetto Health Richland Orthopaedic Surgery

To whom it may concern:

I am a PGY-2 resident at the Palmetto Health Richland Orthopedic Surgery Program in Columbia, South Carolina.

I am writing to you as I have become extremely concerned about the unethical behavior and harassment I have been subjected to from my program director and chairman of my department.

I have attempted to bring my concerns before the appropriate local committees, but have been disappointed by their unwillingness to listen to my grievances; I have been denied due process.

At this point, I feel that I have nowhere else to turn. I was encouraged to contact you by a physician who is sympathetic to my plight.

I have been the subject of racially-based harassment by my program director, and have been singled out for disciplinary actions for minor infractions.

This pattern of behavior has been evident throughout my PGY-2 year, when my program director -- who constantly refers to me as "Achmed the terrorist," and makes constant insinuations about my cultural background -- has repeatedly submitted documents to the GMEC which are patently false, in order to attempt to demonstrate a pattern of unsatisfactory behavior on my part. He placed me on probation only six weeks into my PGY-2 residency, based on several unsubstantiated allegations. He has ignored multiple requests for clarification of these allegations, and I have been unable to get any independent verification of his allegations.

My program director has gone out of his way to attempt to discredit me in front of other faculty members, alleging improper care despite clear evidence to the contrary (including from other faculty and residents).

He has further alleged deficiencies in my knowledge base, despite evidence to the contrary. In fact, my OITE score easily outpaced that of my fellow co-resident.

Needless to say, such constant harassment makes it nearly impossible for me to focus on my education and patient care.

My program director has continued to present false statements to the GMEC. For example: in one case he alleged improper care in the case of a trauma patient. I was not involved in the patient's initial resuscitation, and many of the allegations did not involve me. He refused to ask for my side of the story, in complete violation of,

and with complete disregard for, the hospital's policy. He turned over these factually incorrect complaints to the GMEC for my suspension. I was denied a fair hearing or due process.

More egregious were the multiple times I asked for documentation of the allegations of poor care, and they (and the DIO) refused to turn over these documents.

I have each time I protested to the DIO, but to no avail. In fact, even my request for a hearing before the grievance council was denied.

It is noteworthy that the program has an unusually high attrition rate; they are trying now to get rid of a third resident over the span of about four years, a fact they seem to be proud of (my program director emphasized this to me only six weeks into my residency).

The actions of my department recently culminated with them moving to have me terminated from the residency program at the upcoming April 10th GMEC meeting. I am very disappointed and concerned, since their behavior has been unethical, deceitful, and illegal.

I am not confident in the checks and balances at a hospital where the chairman and program director can regularly violate hospital policy, and where my chairman assures me of the outcome of a GMEC committee meeting before any proceedings.

I implore you to help me in this situation. Please help me get due process, and investigate this pattern of targeted resident behavior. I have worked hard, and sacrificed much to become an orthopedic surgeon, and I feel that those entrusted with my education have reneged on their commitment.

Sincerely,

Afraaz Irani, M.D.

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Sunday, April 01, 2012 1:11 PM
To: John Eady
Cc: David Rothstein
Subject: RE: Additional item

Dr. Eady,

Thank you again for those very helpful comments. The write-up at the time of my last draft focused on K, but the violators spread beyond that.

I didn't know if we would be diluting the focus so I didn't bring out other facets. However, you raise a point that is very relevant to something not fully brought out before and perhaps needs to be regarding Wood: After I dictated a discharge summary on that VA patient I had never seen, I clarified who the patient was and everyone that was involved in this veteran's care to Dr. Koon. This was the incident where Dr. Koon got so upset he would have fired me on the spot. At our subsequent meeting (Nov 21st), Dr. Wood was with him to review my performance.

This was the meeting that represented a sharp change in tone. At this meeting, Dr. Koon started citing inadequacies in preparing the AM list from back in *June 2011*.

It was clear that complaint could only have been furnished by Dr. Wood, as she was chief resident at that time, and was the only one who had a problem with the list.

Moreover, at that meeting, Dr. Wood also stated how upset she was about my email to Dr. Koon regarding the discharge summary she had not completed – that I was assigned to do instead. (I have included Kenny's email below since it summarizes the chain of events).

The feedback Dr. Wood gave me at that meeting was that I was "starting to sound like Lamoreaux."

At the follow-up staff meeting on December 5th, Dr. Koon alleged I delivered improper care to the patient who Grabowski wanted to get an MRI. The only person I talked to about that patient was Dr. Wood; it is clear that this incident supplied to Dr. Koon by her. I really think she tried hard to create something that wasn't there. After that incident, it was very apparent that she was feeding Dr. Koon complaints about my performance, since the incidents involved only involved her and me.

Again, like you pointed out, I haven't been perfect, but I know for a fact that Dr. Wood has been actively looking to find and report errors on my part since mid-November, when she took affront at my email making apparent that she had reneged on her assignment (the other residents know this too).

Your comment regarding lacking resident oversight as dictated by Medicare, the VA and the RRC is especially relevant. Medicare regulations, are violated every week at our Monday staff clinic. About 20% of those patients have Medicare. The attending (who 80% of the time is Dr. Koon) shows up about an hour late and leaves early (Dr. Walsh usually shows up about 2 hours after clinic begins). Medicare rules require that an attending see patients, but none of these patients are seen by the attending. Dr. Voss is the only one who insists on seeing all Medicare patients. I actually went through the records of 8 staff clinics and have a list of about ~60 patients that should have been seen by an attending, but were not. It sounds like bringing this to the forefront would be useful.

Additionally, I was wondering if you have been in touch with the RRC, as I could then refer to you in cases where I am unable to provide direct evidence (e.g. lack of resident oversight).

Lastly, I have been considering moving the date of the grievance council hearing back (from April 11th), as that would give me time to file a complaint with the RRC, and would give the RRC time to investigate (they are given one month to investigate). I think the grievance council would be more willing to listen to my side of the story if they knew the program was being investigated by the RRC. What are your thoughts on that?

Thank you. Again I cannot express how much your help really means to me.

Afraaz

Letter from Kenny to Justin in its entirety:

Justin,

I don't know how much you've heard about the latest flap between Dr. Koon and Afraaz regarding the VA patient. Afraaz calls me occasionally with details regarding the drama. I know that Herzog also gets these calls. We're fine to talk with him since we know him as well as anyone due to us having worked with him on call last year. I have enough to worry about between trying to get organized at the VA, OITE prep, fellowship applications, getting hounded by Jennifer Miley for research garbage that I don't care about, and my family that I am not looking to get sucked into something that doesn't directly involve me. However, I felt that I needed to say something as I feel this is more of a witch hunt than anything.

The patient in question was a patient that I think you transferred over to Richland from the VA (Edison Fairey?). You wrote the Richland H&P, Wood (who was on spine at the time when nothing was really going on with spine, and certainly minimal to no inpatients) saw him and wrote notes on 2 days, and Walker wrote the note the day he was discharged (he was on Hand). Afraaz was busy at that time with the Sports service.

Apparently Koon told Afraaz to do the discharge summary after it had been left undone for a while. It had been initially sent to Wood who, from the looks of it on PowerChart, refused it and sent it to Walker since he wrote the note the last day. Walker told me that Wood told him that everything was done and all he needed was a note for the date of discharge and a discharge order. Somehow, Afraaz had the discharge order put in under his name. He never saw the patient. After the D/C summary had been refused, it ended up in Koon's hands, who for some reason assigned it to Afraaz.

We can argue about whether or not Afraaz should have just sucked it up and done it, but the fact of the matter is that this isn't the first time that Jennifer has dumped something for which she should have been responsible on someone else to do. It actually happened again this past Monday morning when she made Goodno, who was post-call and trying to get over to the VA, call a consult to HIM on a Koon patient when she was on Koon's service. She also got after Walker for not showing up to rounds this week (he had no inpatients and there are a total of 5 residents on service at Richland) when a patient assigned to Koon didn't get seen.

I realized long ago that Jennifer doesn't care about anyone but herself. Whatever. But when it starts impacting people who are already in trouble I have more of a problem with it. In my opinion, if Jennifer had done what she should have, none of this would have been an issue. Again, I am an impartial observer in all of this but thought that you needed to hear a different side of the story.

Kenny

Date: Sat, 31 Mar 2012 07:16:38 -0700
From: jl_eady_98@yahoo.com
Subject: Additional item
To: afraaz.irani@hotmail.com
CC: DERothstein@mindspring.com

Afraaz,

I recommend you also send a letter to the RRC stating specifically that you were denied the chance to engage in your regularly assigned rotation at the VA beginning in Jan, and this a. prevented you from being educated on a rotation that all other residents are assigned, and b. the opportunity to get an unbiased evaluation of your performance by the Orthopaedic staff at the VA, who have no ties with the university staff. Mr. Rothstein will need to advise you about adding a comment that this was the only way a former resident was able to show the performance bias K W etc have about residents of different ethnic, racial or religious groups they discriminate against, and which does affect the resident's educational content. If Mr. Rothstein agrees, you may want to discuss with Chad Lamereaux the details of his issues about K, W etc, since there are legal restraints we all must honor in this matter. In your letter to the RRC, I would also emphasize that a careful evaluation of the present practices of the Dept of Ortho at PH/USC will show residents are being used to solve service needs of these institutions, not the educational ones of the residents, and that their acts do not conform to their policies. This last fact is a duty of the RRC to address, and will stir its inertia. Lastly, I can help you with negating any statement Dr. Wood, the senior resident, may make about your performance as I have documentation of her failure to perform her duty in the completion of patient records in over 250 incidences within a 5 month period, and which I had to personally address. No punitive actions were taken against her in this matter. I also have facts that will show K did not supervise any activities of residents at the VA for the entire time a patient he did a total knee on was in the hospital, and the veteran's knee got infected that had to be debrided by me within a month after the primary operation (I was out of town the entire time the veteran was hospitalized for his primary surgery, so K can't say someone else was responsible for this duty). If Mr. Rothstein agrees, you should add you can show K, etc don't supervise residents as required by RRC and federal medicare as well as VA rules.

Maybe this will be helpful. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Monday, April 02, 2012 3:47 PM
To: John Eady
Cc: David Rothstein
Subject: RE: Additional item

Dr. Eady,

Thank you for your response. I went ahead and delayed the grievance council, so that the RRC can start rustling some feathers before the meeting. You raise a good point about resident supervision. I was curious. Are inpatients required to be seen by an attending every day they are in the hospital? It is not uncommon for post-op patients to have surgery and then not ever checked on by an attending (or maybe checked once) during the hospital stay, and otherwise only seen by resident every day. Is that legal? Is that OK by RRC guidelines? This is something I was wondering, but had no idea what proper care is.

It sounds like we need to add some stuff to the document, beefing up and bringing more to the forefront the improper resident supervision and examples of that.

Thank you,
Afraaz

Date: Sun, 1 Apr 2012 12:45:48 -0700

From: jl_eady_98@yahoo.com
Subject: Re: Additional item
To: afraaz.irani@hotmail.com
CC: DERothstein@mindspring.com

Afraaz,

I will happily share what I have concerning lack of resident oversight by KWW with the RRC if they request it. You need to also keep your stuff handy. I have recently contacted the RRC about the rumored elimination of the Orthopaedic resident rotation at the VA but was told a resident or residents had to raise this issue before they would investigate. Therefore, your raising it will affect their inertia. You must clear the following with Mr. Rothstein but one way of showing K/W have little basis on which to judge you is with proof that they don't do their duty of resident supervision and are depending on second hand (Wood) data instead of first hand observations. I don't know if the GMEC will delay the hearing but getting it delayed would seem to me to be a help for you. However, you must get Mr. Rothstein's advice about this as I really don't know. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: John Eady <jl_eady_98@yahoo.com>
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Sunday, April 1, 2012 1:11 PM
Subject: RE: Additional item

Dr. Eady,

Thank you again for those very helpful comments. The write-up at the time of my last draft focused on K, but the violators spread beyond that.

I didn't know if we would be diluting the focus so I didn't bring out other facets. However, you raise a point that is very relevant to something not fully brought out before and perhaps needs to be regarding Wood: After I dictated a discharge summary on that VA patient I had never seen, I clarified who the patient was and everyone that was involved in this veteran's care to Dr. Koon. This was the incident where Dr. Koon got so upset he would have fired me on the spot. At our subsequent meeting (Nov 21st), Dr. Wood was with him to review my performance.

This was the meeting that represented a sharp change in tone. At this meeting, Dr. Koon started citing inadequacies in preparing the AM list from back in *June 2011*.

It was clear that complaint could only have been furnished by Dr. Wood, as she was chief resident at that time, and was the only one who had a problem with the list.

Moreover, at that meeting, Dr. Wood also stated how upset she was about my email to Dr. Koon regarding the discharge summary she had not completed – that I was assigned to do instead. (I have included Kenny's email below since it summarizes the chain of events).

The feedback Dr. Wood gave me at that meeting was that I was "starting to sound like Lamoreaux."

At the follow-up staff meeting on December 5th, Dr. Koon alleged I delivered improper care to the patient who Grabowski wanted to get an MRI. The only person I talked to about that patient was Dr. Wood; it is clear that this incident supplied to Dr. Koon by her. I really think she tried hard to create something that wasn't there. After that incident, it was very apparent that she was feeding Dr. Koon complaints about my performance, since the incidents involved only involved her and me.

Again, like you pointed out, I haven't been perfect, but I know for a fact that Dr. Wood has been actively looking to find and report errors on my part since mid-November, when she took affront at my email making apparent that she had reneged on her assignment (the other residents know this too).

Your comment regarding lacking resident oversight as dictated by Medicare, the VA and the RRC is especially relevant. Medicare regulations, are violated every week at our Monday staff clinic. About 20% of those patients have Medicare. The attending (who 80% of the time is Dr. Koon) shows up about an hour late and leaves early (Dr. Walsh usually shows up about 2 hours after clinic begins). Medicare rules require that an attending see patients, but none of these patients are seen by the attending. Dr. Voss is the only one who insists on seeing all Medicare patients. I actually went through the records of 8 staff clinics and have a list of about ~60 patients that should have been seen by an attending, but were not. It sounds like bringing this to the forefront would be useful.

Additionally, I was wondering if you have been in touch with the RRC, as I could then refer to you in cases where I am unable to provide direct evidence (e.g. lack of resident oversight).

Lastly, I have been considering moving the date of the grievance council hearing back (from April 11th), as that would give me time to file a complaint with the RRC, and would give the RRC time to investigate (they are given one month to investigate). I think the grievance council would be more willing to listen to my side of the story if they knew the program was being investigated by the RRC. What are your thoughts on that?

Thank you. Again I cannot express how much your help really means to me.

Afraaz

Letter from Kenny to Justin in its entirety:

Irani003944

Justin,

I don't know how much you've heard about the latest flap between Dr. Koon and Afraaz regarding the VA patient. Afraaz calls me occasionally with details regarding the drama. I know that Herzog also gets these calls. We're fine to talk with him since we know him as well as anyone due to us having worked with him on call last year. I have enough to worry about between trying to get organized at the VA, OITE prep, fellowship applications, getting hounded by Jennifer Miley for research garbage that I don't care about, and my family that I am not looking to get sucked into something that doesn't directly involve me. However, I felt that I needed to say something as I feel this is more of a witch hunt than anything.

The patient in question was a patient that I think you transferred over to Richland from the VA (Edison Fairey?). You wrote the Richland H&P, Wood (who was on spine at the time when nothing was really going on with spine, and certainly minimal to no inpatients) saw him and wrote notes on 2 days, and Walker wrote the note the day he was discharged (he was on Hand). Afraaz was busy at that time with the Sports service.

Apparently Koon told Afraaz to do the discharge summary after it had been left undone for a while. It had been initially sent to Wood who, from the looks of it on PowerChart, refused it and sent it to Walker since he wrote the note the last day. Walker told me that Wood told him that everything was done and all he needed was a note for the date of discharge and a discharge order. Somehow, Afraaz had the discharge order put in under his name. He never saw the patient. After the D/C summary had been refused, it ended up in Koon's hands, who for some reason assigned it to Afraaz.

We can argue about whether or not Afraaz should have just sucked it up and done it, but the fact of the matter is that this isn't the first time that Jennifer has dumped something for which she should have been responsible on someone else to do. It actually happened again this past Monday morning when she made Goodno, who was post-call and trying to get over to the VA, call a consult to HIM on a Koon patient when she was on Koon's service. She also got after Walker for not showing up to rounds this week (he had no inpatients and there are a total of 5 residents on service at Richland) when a patient assigned to Koon didn't get seen.

I realized long ago that Jennifer doesn't care about anyone but herself. Whatever. But when it starts impacting people who are already in trouble I have more of a problem with it. In my opinion, if Jennifer had done what she should have, none of this would have been an issue. Again, I am an impartial observer in all of this but thought that you needed to hear a different side of the story.

Kenny

Date: Sat, 31 Mar 2012 07:16:38 -0700
 From: jl_eady_98@yahoo.com
 Subject: Additional item
 To: afraaz.irani@hotmail.com
 CC: DERothstein@mindspring.com

Afraaz,

I recommend you also send a letter to the RRC stating specifically that you were denied the chance to engage in your regularly assigned rotation at the VA beginning in Jan, and this a. prevented you from being educated on a rotation that all other residents are assigned, and b. the opportunity to get an unbiased evaluation of your performance by the Orthopaedic staff at the VA, who have no ties with the university staff. Mr. Rothstein will need to advise you about adding a comment that this was the only way a former resident was able to show the performance bias K W etc have about residents of different ethnic, racial or religious groups they discriminate against, and which does affect the resident's educational content. If Mr. Rothstein agrees, you may want to discuss with Chad Lamereaux the details of his issues about K,W etc, since there are legal restraints we all

Irani003945

must honor in this matter. In your letter to the RRC, I would also emphasize that a careful evaluation of the present practices of the Dept of Ortho at PH/USC will show residents are being used to solve service needs of these institutions, not the educational ones of the residents, and that their acts do not connform to their policies. This last fact is a duty of the RRC to address, and will stir its inertia. Lastly, I can help you with negating any statement Dr. Wood, the senior resident, may make about your performance as I have documentation of her failure to perform her duty in the completion of patient records in over 250 incidences within a 5 month period, and which I had to personally address. No punitive actions were taken against her in this matter. I also have facts that will show K did not supervise any activities of residents at the VA for the entire time a patient he did a total knee on was in the hospital, and the veteran's knee got infected that had to be debrided by me within a month after the primary operation (I was out of town the entire time the veteran was hospitalized for his primary surgery, so K can't say someone else was responsible for this duty). If Mr. Rothstein agrees, you should add you can show K, etc don't supervise residents as required by RRC and federal medicare as well as VA rules.

Maybe this will be helpful. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Tuesday, April 03, 2012 12:51 PM
To: John Eady
Cc: David Rothstein
Subject: RE: Additional item

Dr. Eady,

Thank you as always for your help. Looking over Palmetto Health policy, it states that patients in non-critical state need an attending note at least every two days. I tried to research medicare laws. I couldn't find something specific at this point although the documents all say that everything that is billable has to have an attending note. Not sure if that means a daily inpatient note is needed or not, but I guess this is something to perhaps keep in mind moving forward

Thank you as always for your help and insight. I really appreciate it.

Afraaz

For reference: This document <http://www.gao.gov/archive/1998/he98174.pdf> outlines the PATH audit which required attending physician documentation for billable items. On page 63139 of this document (<http://www.gpo.gov/fdsys/pkg/FR-1995-12-08/html/X95-11208.htm>) it seems to say that attending physicians must document care for billable items.

Date: Mon, 2 Apr 2012 18:18:19 -0700

From: jl_eady_98@yahoo.com

Subject: Re: Additional item

To: afraaz.irani@hotmail.com

Afraaz,

Thanks for the update, and keeping Mr. Rothstein in the loop. That protects both of us. I think you made the proper choice with delaying the grievance council but that is a tactical decision left to you and Mr. Rothstein. Insofar as the required rounds a teaching attending MUST make on inpatients; this is prescribed in medicare directives for teaching and in hospital policy at each hospital but there are minimums. At the Dorn VA it is at least twice a week or every four days for ward patients and daily for ICU patients. There is a USC/SOM document all teaching attending must sign stating(among other things) they will follow Medicare/caid rules for resident supervision and patient care. Mr. Rothstein will need to help you get that from them. Any deviation from that process is not legal for attendings treating medicare/caid patients. Attendings are also required to care plans in the record for Medicare/caid patients, not the residents, such as a preop note noting the pertinent parts of the Hx and Px are unchanged, the dx, and the plan of care. RRC guidelines require documentation of resident supervision in the record, not the attendings' word. Let me know if you need anything else. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
To: John Eady <jl_eady_98@yahoo.com>
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Monday, April 2, 2012 3:47 PM
Subject: RE: Additional item

Dr. Eady,

Thank you for your response. I went ahead and delayed the grievance council, so that the RRC can start rustling some feathers before the meeting. You raise a good point about resident supervision. I was curious. Are inpatients required to be seen by an attending every day they are in the hospital? It is not uncommon for post-op patients to have surgery and then not ever checked on by an attending (or maybe checked once) during the hospital stay, and otherwise only seen by resident every day. Is that legal? Is that OK by RRC guidelines? This is something I was wondering, but had no idea what proper care is.

It sounds like we need to add some stuff to the document, beefing up and bringing more to the forefront the improper resident supervision and examples of that.

Thank you,
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 From: jl_eady_98@yahoo.com
 Subject: Re: Additional item
 To: afraaz.irani@hotmail.com
 CC: DERothstein@mindspring.com

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To: John Eady <jl_eady_98@yahoo.com>
Cc: David Rothstein <derothstein@mindspring.com>
Sent: Sunday, April 1, 2012 1:11 PM
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Thank you. Again I cannot express how much your help really means to me.

Afraaz

Letter from Kenny to Justin in its entirety:

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Irani003949

The patient in question was a patient that I think you transferred over to Richland from the VA (Edison Fairey?). You wrote the Richland H&P, Wood (who was on spine at the time when nothing was really going on with spine, and certainly minimal to no inpatients) saw him and wrote notes on 2 days, and Walker wrote the note the day he was discharged (he was on Hand). Afraaz was busy at that time with the Sports service.

Apparently Koon told Afraaz to do the discharge summary after it had been left undone for a while. It had been initially sent to Wood who, from the looks of it on PowerChart, refused it and sent it to Walker since he wrote the note the last day. Walker told me that Wood told him that everything was done and all he needed was a note for the date of discharge and a discharge order. Somehow, Afraaz had the discharge order put in under his name. He never saw the patient. After the D/C summary had been refused, it ended up in Koon's hands, who for some reason assigned it to Afraaz.

We can argue about whether or not Afraaz should have just sucked it up and done it, but the fact of the matter is that this isn't the first time that Jennifer has dumped something for which she should have been responsible on someone else to do. It actually happened again this past Monday morning when she made Goodno, who was post-call and trying to get over to the VA, call a consult to HIM on a Koon patient when she was on Koon's service. She also got after Walker for not showing up to rounds this week (he had no inpatients and there are a total of 5 residents on service at Richland) when a patient assigned to Koon didn't get seen.

I realized long ago that Jennifer doesn't care about anyone but herself. Whatever. But when it starts impacting people who are already in trouble I have more of a problem with it. In my opinion, if Jennifer had done what she should have, none of this would have been an issue. Again, I am an impartial observer in all of this but thought that you needed to hear a different side of the story.

Kenny

Date: Sat, 31 Mar 2012 07:16:38 -0700
 From: jl_eady_98@yahoo.com
 Subject: Additional item
 To: afraaz.irani@hotmail.com
 CC: DERothstein@mindspring.com

Afraaz,

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Irani003950

primary surgery, so K can't say someone else was responsible for this duty). If Mr. Rothstein agrees, you should add you can show K, etc don't supervise residents as required by RRC and federal medicare as well as VA rules.

Maybe this will be helpful. JLE

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Sunday, April 08, 2012 10:16 AM
To: John Eady; David Rothstein
Subject: final edits.
Attachments: Cover Letter.doc

Hi,

I will be submitting the formal signed complaint tomorrow, as well as calling the RRC. If you don't mind looking it over and giving any final thoughts. I will let them know that the full document will follow shortly.

Dr. Eady, there is a line in there that states that "I was encouraged to contact you by a physician who is sympathetic to my plight." Your name is not used, but I hope you are OK with that?

Please let me know if you have any final comments, or feedback and then we will submit the full writeup with all the supporting documents soon.

Thanks again for all your help and support,
Afraaz

To whom it may concern:

I am a PGY-2 resident at the Palmetto Health Richland Orthopedic Surgery Program in Columbia, South Carolina.

I am writing to you as I have become extremely concerned about the unethical behavior and harassment I have been subjected to from my program director and chairman of my department.

I have attempted to bring my concerns before the appropriate local committees, but have been disappointed by their unwillingness to listen to my grievances; I have been denied due process.

At this point, I feel that I have nowhere else to turn. I was encouraged to contact you by a physician who is sympathetic to my plight.

I have been the subject of racially-based harassment by my program director, and have been singled out for disciplinary actions for minor infractions.

This pattern of behavior has been evident throughout my PGY-2 year, when my program director -- who constantly refers to me as "Achmed the terrorist," and makes constant insinuations about my cultural background -- has repeatedly submitted documents to the GMEC which are patently false, in order to attempt to demonstrate a pattern of unsatisfactory behavior on my part. He placed me on probation only six weeks into my PGY-2 residency, based on several unsubstantiated allegations. Requests for clarification of these allegations have been denied, and I have been unable to get any independent verification of his allegations.

My program director has gone out of his way to attempt to discredit me in front of other faculty members, alleging improper care despite clear evidence to the contrary (including from other faculty and residents).

He has further alleged deficiencies in my knowledge base, despite evidence to the contrary. In fact, my OITE score easily outpaced that of my fellow co-resident.

Needless to say, such constant harassment makes it nearly impossible for me to focus on my education and patient care.

My program director has continued to present false statements to the GMEC. For example: in one case he alleged improper care in the case of a trauma patient. I was not involved in the patient's initial resuscitation, and many of the allegations did not involve me. He refused to ask for my side of the story, in complete violation of, and with complete disregard for, the hospital's policy. He turned over these factually incorrect complaints to the GMEC for my suspension. I was denied a fair hearing or due process.

More egregious were the multiple times I asked for documentation of the allegations of poor care, and they (and the DIO) refused to turn over these documents.

I have each time protested to the DIO, but to no avail. In fact, even my request for a hearing before the grievance council was denied.

Additionally, I was denied the chance to engage in our regularly assigned rotation at the VA beginning in January, and this prevented me from being educated on a rotation that all other residents are assigned. It also denied me the opportunity to get an unbiased evaluation of my performance by the Orthopedic staff at the VA.

It is noteworthy that the program has an unusually high attrition rate; they are trying now to get rid of a third resident over the span of about four years, a fact they seem to be proud of (my program director emphasized this to me only six weeks into my residency).

In fact, a careful evaluation of the present practices will show residents are being used to solve service needs of the institutions, not the educational needs of the residents – not conforming to resident education policies.

The actions of my department recently culminated with them moving to have me terminated from the residency program at the upcoming April 10th GMEC meeting. I am very disappointed and concerned, since their behavior has been unethical, deceitful, and illegal.

I am not confident in the checks and balances at a hospital where the chairman and program director can regularly violate hospital policy, and where my chairman assures me of the outcome of a GMEC committee meeting before any proceedings.

I implore you to help me in this situation. Please help me get due process, and investigate this pattern of targeted resident behavior. I have worked hard, and sacrificed much to become an orthopedic surgeon, and I feel that those entrusted with my education have reneged on their commitment.

Sincerely,

Afraaz Irani, M.D.

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Wednesday, April 11, 2012 9:42 AM
To: John Eady; David Rothstein
Subject: FW: Grievance Council

I have initiated the grievance council (below). Should be an interesting few weeks....

From: afraaz.irani@hotmail.com
To: lin.hearne@palmettohealth.org
CC: kathy.stephens@palmettohealth.org
Subject: RE: Grievance Council
Date: Wed, 11 Apr 2012 09:36:32 -0400

Ms. Hearne,

I just left you a voicemail. I would like to go ahead and initiate the grievance council.

Thank you,
Afraaz

Date: Tue, 3 Apr 2012 09:21:35 -0400
From: Lin.Hearne@PalmettoHealth.org
To: afraaz.irani@hotmail.com
Subject: Fwd: Re: Grievance Council

Dr. Irani,

I did follow up with the Vice President of Human Resources and we will cancel the grievance committee for April 11th per your request. As a reminder, your 10 business day deadline to file the grievance with Human Resources is April 11th.

Please let me know if you have any further questions.

Lin Hearne, PHR
HR Business Partner
Palmetto Health
293 Greystone Blvd
Columbia, SC 29210
(803) 296-7883

A Modern Healthcare 100 Best Places to Work in Healthcare Award Winner, 2008, 2009 & 2010

SC Chamber of Commerce Best Places to Work for 2009, 2010 & 2011

From: Afraaz Irani <afraaz.irani@hotmail.com>
Sent: Friday, April 13, 2012 1:10 AM
To: John Eady
Cc: David Rothstein
Subject: duty hours/resident supervision
Attachments: acgme violations letter.docx; Koon violation_1.docx; Duty Hours violations no PHI_3.pdf

Dr. Eady,

I have gathered some information on duty hours violations as well as lack of supervision with respect to the Monday staff clinic in violation of medicare and Palmetto Health guidelines. The document "acgme violations letter.docx" illustrates my complaint letter with the last page describing how to interpret the pdf file which provides documentation of duty hours violations. The file "Koon violations_1.docx" illustrates an example of where Dr. Koon wrote he was at staff clinic when actually he was in the OR.

How best do you think I should proceed with this data? Do you think this is enough to garner the RRC's attention?

Also I know you said you had additional examples of poor supervision. Should we combine that with above and submit that? Should I direct them to talk to you for further examples in the letter? Will you contact them directly, or are we going to wait for them to ask us for more examples? I was wondering how best you thought to proceed, since I'm not sure how exactly the RRC investigation works and what might be best in this situation.

I really appreciate your kind advice in this situation. What are your thoughts? Do you have some time to meet to discuss how best to move forward?

Thank you,
Afraaz

To Whom It May Concern:

I recently submitted a formal complaint regarding ACGME violations at my home program (Palmetto Health Orthopaedic Surgery in Columbia, SC).

I wanted to provide supporting documentation regarding duty hours violations, and lack of resident supervision.

Duty Hours Violations: I looked at 5.5 months worth of data from July to the second week of December 2011. The only method to reliably evaluate duty hours compliance is by checking operative room documentation since here one's presence or absence is readily documented.

Accordingly, over this 5 1/2 month period, there were 41 days when a post call resident's service was in the operating room (i.e. if there was a resident violation there would be a record).

Using this limited data set available, there were 18/41 incidents or a startling 40% violation rate of resident work hours where the post-call resident was in the operating room the next day. Moreover, the rate of violations was similar across all junior residents ranging from 33% to 50% violation rate for each junior resident. Clearly these violations are not endemic to a particular resident, but more the culture of the program, where we are repeatedly instructed "to obey duty hours," but there is no method or support for this stated goal. This limited data, while demonstrating an alarmingly high rate of duty hours violations – may actually underestimate the actual rate of violations

Lack of Resident Supervision: The simplest example of this is our weekly Monday afternoon clinic. This clinic is usually made up of about 40 underinsured patients. Usually about 7-8 of these patients have Medicare/Medicaid. The attending regularly shows up 1-2 hours after clinic starts, leaves early, and usually sees about 1-2 patients per the entire clinic. The patients are not seen by the attending in violation of Medicare/Medicaid law. Furthermore, this behaviour violates the hospital's stated guidelines that all clinics must have an attending present. Only *one* of our attendings (Dr. Voss) regularly shows up to clinic on time and sees medicare patients.

The attending will routinely write that he was present and available for the exam, when this is not true. In fact the enclosed document is one such example where patients were seen, treated, and discharged from clinic without resident supervision -- the attending was in the operating room at that time, and falsely documented in the chart that he was present and available to the resident at the time of the exam.

The culture at this program is to fall in line and not complain or protest even when violations, or breach of trust are observed. After last year's resident survey revealed some resident dissatisfaction, the residents commented on how it became a witch

hunt by the attendings to see who had written disparaging comments about the program.

Those that don't fall inline (like myself), it seems, are profiled and unfairly targeted.

These documents give only a small glimpse at the alarming lack of adherence to, and disregard for, ACGME and resident guidelines.